Ophthalmia Caused by Caterpillars.—NATANSON (Moscow) calls attention to this animal as a cause of disease of the skin, mucous membranes, and eyes, either directly by contact (in a few cases), or indirectly through diffusion of its hairs giving rise to widespread endemics. In both cases the hairs are the noxious agent through their toxic and mechanical action. The toxin is formic acid.

The ocular affection occurs under two forms—mild and severe. The endemics are of the former variety, and run their course as bilateral conjunctivitis, lasting from one to two weeks. The severe and much rarer form is caused by direct injury of the eye by contact with the animal itself. The conjunctiva, cornea, and anterior portion of the uveal tract are the parts affected. Small nodules quite analogous to miliary tubercles and containing hairs are usually present in those structures.—*St. Petersburg. med. Wochenschrift*, xxii. No. 12.

Glaucoma after Cataract Extraction.—S. C. AYRES (Cincinnati) reports five cases (six eyes) of glaucoma following extraction of cataract. In five of these eyes extraction had been done with a liberal iridectomy; in the other eye extraction was practised after preliminary iridectomy. The first case had undergone extraction from the left eye in 1867 and the right in 1875. In 1895 the latter developed symptoms of glaucoma. The vision in the left eye had failed eight years before. In both there was contraction of the visual field, deep excavation of the disks, and vision reduced to counting fingers. The left eye showed a cystoid cicatrix at each end of the wound.

In the second case glaucoma supervened two years after the extraction, and the disk became deeply cupped and atrophied, with vision quite abolished.

In the third case, in which an upward preliminary iridectomy had been performed, and vision of 20/XL had been obtained after extraction, pain was noticed at the end of seven weeks, and some weeks later the glaucoma became acute, iridectomy downward gave no relief, and the eye was subsequently enucleated.

In the other two cases acute glaucoma developed on the sixth and twelfth days after the extraction. Both were cured by evacuation of the aqueous and the use of eserine. In one of them atropin had been used; and in the other glaucoma developed after exposure in a snowstorm.—*Archives of Ophthalmology*, vol. xxvi. No. 2.

Interstitial Keratitis in Acquired Syphilis.—TROUSSEAU (Paris) reports eleven cases of interstitial keratitis in subjects of acquired syphilis, and refers to certain points of likeness and difference between this condition and that due to hereditary lues. As with the latter, the majority (8) occurred in females; but, unlike the inherited, the acquired disease is much milder, affects only one eye, and heals much sooner and with little or no tendency to relapses. Treatment by mercury is very effective.

Trousseau attributes the milder course of the disease to the superior resisting-power of the adult tissues.—*La Presse Médicale*, 1897, No. 40.

Ophthalmoplegic Migraine.—BOUCHAUD (Paris) reviews the scanty literature of this rare disease and reports a case. The affection is characterized by a series of periodic crises of unilateral cephalalgia, with paralysis of the third nerve of the same side; all the branches are affected, but not always to the same degree. Finally the paralysis becomes permanent.—*La Presse Médicale*, 1897, No. 34.

Glaucoma and the Curative Action of Iridectomy.—ABADIE (Paris) believes the cause of glaucoma to consist in derangement of the constrictor and dilator nerves of the sympathetic system. These form a plexus in the iris, excision of which inhibits superaction of the dilator fibres.

He bases his view upon the fact that excision of the pupillary or ciliary portion of the iris is ineffective in acute glaucoma, but the intermediate zone which contains the ganglia has to be removed if the operation is to be curative.—*La Médecine Moderne*, 8 Annee, No. 38.

Sudden Loss of Vision of Circulatory Origin.—J. B. BARRETT (Melbourne) reports two cases of this affection, with a very thorough study of the literature of the subject.

His first case is that of a young medical man, who noticed, a few days before examination, that a sudden mist passed before the left eye; he was at the time standing conversing in a room. The vision failed so completely that he was unable to distinguish light from darkness; for five minutes there was complete blindness. The ceiling of the room became visible, and gradually the field cleared from above downward, until he could see all portions above the level of his own head. After a short stoppage at this point the field cleared completely, and no noticeable alteration remained. He has never had another similar attack, and was apparently in perfect health.

The second patient, a lady aged thirty-three years, noticed, while writing, that the vision of the right eye was affected, and on covering the left eye found that the right was totally blind. The blindness lasted for about fifteen minutes, and then the lower half of the field of vision gradually cleared. The upper half of the field has remained blind ever since. The defect gave a sensation of inability to raise the uper lid. The patient has suffered from shorter attacks of complete blindness—she thinks chiefly in the right eye—on about seven occasions during the last ten years. On previous occasions the blindness lasted less than one minute and left behind it no permanent affection of vision.

The eye was examined the day after the attack, and then exhibited the typical appearance of embolism of the inferior retinal artery.

From his study of recorded cases Barrett believes that spasm of the retinal arteries can cause blindness. How long the retinal circulation can be arrested without permanent destruction of vision cannot be determined, although in one case Noyes secured complete recovery by the use of nitrite of amyl, twenty-four hours after the sight was lost. The condition of the vessels when the diseased eye has been examined microscopically has been that of an embolism or a thrombosis, although in three cases out of twelve no obstruction could be discovered.

Barrett concludes that sudden temporary loss of vision may be produced by: (1) Spasm of the retinal arteries. (2) Complete embolism of the retinal artery. (3) Partial embolism of the retinal artery, probably combined with